

2018 Current Fiscal Year Report: Center for Substance Abuse Treatment National Advisory Council

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1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2018

3. Committee or Subcommittee

Center for Substance Abuse Treatment National Advisory Council

3b. GSA Committee No.

186

4. Is this New During Fiscal Year?

No

5. Current Charter

06/15/2018

6. Expected Renewal Date

06/15/2020

7. Expected Term Date

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

8c. Actual Term Date

9. Agency Recommendation for Next Fiscal Year

Continue

10a. Legislation Req to Terminate?

Not Applicable

10b. Legislation Pending?

Not Applicable

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment Authority

42 U.S.C. 290aa1

13. Effective Date

07/10/1992

14. Committee Type

Continuing

14c. Presidential?

No

15. Description of Committee National Policy Issue Advisory Board

16a. Total Number of Reports

No Reports for this Fiscal Year

17a. Open 2 17b. Closed 4 17c. Partially Closed 0 Other Activities 0 17d. Total 6 Meetings and Dates

| Purpose | Start | End |
|--|------------|------------|
| Discuss the Center's current administrative, legislative, and program developments. | 02/14/2018 | 02/14/2018 |
| The meeting will include discussions and evaluations of grant applications reviewed by SAMHSA's Initial Review Groups, and involve an examination of confidential financial and business information as well as personal information concerning the applicants. Therefore, the meeting will be closed to the public as determined by the SAMHSA Assistant Secretary for Mental Health and Substance Use in accordance with Title 5 U.S.C § 552b(c)(4) and (6) and Title 5 U.S.C. App. 2, §10(d). | 03/26/2018 | 03/26/2018 |
| The meeting will include discussions and evaluations of grant applications reviewed by SAMHSA's Initial Review Groups, and involve an examination of confidential financial and business information as well as personal information concerning the applicants. Therefore, the meeting will be closed to the public as determined by the SAMHSA Assistant Secretary for Mental Health and Substance Use in accordance with Title 5 U.S.C § 552b(c)(4) and (6) and Title 5 U.S.C. App. 2, §10(d). | 04/23/2018 | 04/23/2018 |
| The meeting will include discussions and evaluations of grant applications reviewed by SAMHSA's Initial Review Groups, and involve an examination of confidential financial and business information as well as personal information concerning the applicants. Therefore, the meeting will be closed to the public as determined by the SAMHSA Assistant Secretary for Mental Health and Substance Use in accordance with Title 5 U.S.C § 552b(c)(4) and (6) and Title 5 U.S.C. App. 2, §10(d). | 05/18/2018 | 05/18/2018 |

The meeting will include discussions and evaluations of grant applications reviewed by SAMHSA's Initial Review Groups, and involve an examination of confidential financial and business information as well as personal information concerning the applicants. Therefore, the meeting will be closed to the public as determined by the SAMHSA Assistant Secretary for Mental Health and Substance Use in accordance with Title 5 U.S.C § 552b(c)(4) and (6) and Title 5 U.S.C. App. 2, §10(d). 07/16/2018 - 07/16/2018

Discuss the Center's current administrative, legislative, and program developments. 08/01/2018 - 08/01/2018

Number of Committee Meetings Listed: 6

| | Current FY | Next FY |
|---|-------------------|----------------|
| 18a(1). Personnel Pmts to Non-Federal Members | \$19,800.00 | \$22,400.00 |
| 18a(2). Personnel Pmts to Federal Members | \$3,416.00 | \$5,124.00 |
| 18a(3). Personnel Pmts to Federal Staff | \$132,603.00 | \$138,476.00 |
| 18a(4). Personnel Pmts to Non-Member Consultants | \$0.00 | \$0.00 |
| 18b(1). Travel and Per Diem to Non-Federal Members | \$11,371.00 | \$21,840.00 |
| 18b(2). Travel and Per Diem to Federal Members | \$0.00 | \$0.00 |
| 18b(3). Travel and Per Diem to Federal Staff | \$0.00 | \$0.00 |
| 18b(4). Travel and Per Diem to Non-member Consultants | \$0.00 | \$0.00 |
| 18c. Other(rents,user charges, graphics, printing, mail, etc.) | \$12,395.00 | \$12,520.00 |
| 18d. Total | \$179,585.00 | \$200,360.00 |
| 19. Federal Staff Support Years (FTE) | 1.00 | 1.00 |

20a. How does the Committee accomplish its purpose?

The Center for Substance Abuse Treatment (CSAT) National Advisory Council (NAC) accomplishes its purpose through advising, consulting with and making recommendations to the Secretary, Department of Health and Human Services; the Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration (SAMHSA); and the Director, CSAT, concerning activities and policies related to CSAT's focus on responding to the service needs of Americans suffering from substance use disorders. The Council also accomplishes its purpose by providing the secondary level review of grant applications and cooperative agreements as required under Section 504(c)(2) of the Public Health Service Act and recommends for approval those applications that merit support. In FY 2018, the Council provided a second level review for 966 funding announcements during four virtual closed grant review meetings, and three reviews conducted in the Electronic Council Book. To further accomplish its purpose, council members participated in two on-site, NAC meetings; one SAMHSA Joint Committee Meeting; and two SAMHSA Committee Meeting. The meetings afforded members an opportunity to engage in in-depth discussions on a broad range of topics, including an overview of the Director's Report, budget, Agency and Center initiatives, nuances in the field, and changes in policy. The February 2018 NAC meeting included an overview of the Director's Report, a budget update, discussion on substance use disorder spending estimates, discussions with SAMHSA leadership, and discussions on the opioid epidemic. The August 2018 NAC meeting included an update on the divisions and offices

in CSAT, a budget update, a discussion on using research to end the opioid crisis, discussions with SAMHSA leadership, and a discussion on the state targeted response to the opioid crisis grants and the impact on the opioid crisis.

20b. How does the Committee balance its membership?

The Council is comprised of 12 members appointed by the Secretary, HHS, and five non-voting members: the Secretary, HHS; the Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration (SAMHSA); the Director, CSAT; the Chief Medical Director of the Department of Veterans Affairs; and the Assistant Secretary of Defense for Health Affairs (or their designees). Of the 12 appointed members, nine are professional members, and three are public members. Appointments are made by scrutinizing the nominees' experience and expertise, equitable gender representation, race/ethnicity representation, and geographic distribution. All members participate fully in policy and program discussions, and grant and cooperative agreement reviews, each brings unique expertise and perspective.

20c. How frequent and relevant are the Committee Meetings?

The Council is mandated to meet not less than twice per fiscal year, and provide guidance to the Center regarding programmatic policies and priorities, and provide secondary review of applications received for grants and cooperative agreements.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

The Council is necessary because it has to provide advice on all aspects of SAMHSA/CSAT's activities relating to treatment services. The direction, balance, scope, and emphasis of advice received from the group of experts cannot be obtained from Center or SAMHSA staff or other established sources because the membership of the Council is constituted to meet specific requirements of the legislatively mandated mission of the Advisory Council and SAMHSA/CSAT. The Council is also responsible for conducting the second level of review for grant and cooperative agreement applications for services and demonstration projects.

20e. Why is it necessary to close and/or partially closed committee meetings?

The closed portions of the Council meetings involved the review, discussion, and evaluation of grant applications and cooperative agreement applications. These applications and the related discussions could reveal personal and proprietary information exempt from mandatory disclosure under Title 5 U.S.C. § 552b(c)(4) and (6) and (c)(9)(B) and 5 U.S.C. App. 2, Section 10(d).

21. Remarks

No Reports Required for FY 2018.

Designated Federal Officer

Tracy A. Goss DFO

| Committee Members | Start | End | Occupation | Member Designation |
|-----------------------|------------|------------|---|--|
| Azar, Alex | 01/29/2018 | 01/28/2020 | Secretary of HHS | Ex Officio Member |
| Brown, Bertrand | 12/30/2017 | 12/31/2020 | Youth Advocate | Special Government Employee (SGE) Member |
| Clark, Trenette | 08/01/2016 | 11/24/2019 | Assistant Professor School of Social Work, UNC | Special Government Employee (SGE) Member |
| Dennis, Michael | 10/15/2017 | 01/31/2018 | Senior Research Psychologist | Special Government Employee (SGE) Member |
| Guice, Karen | 12/01/2015 | 11/30/2018 | Acting Assistant Secretary of Defense for Health Affairs | Ex Officio Member |
| Hargan, Eric | 10/06/2017 | 01/28/2018 | Acting Secretary of HHS | Ex Officio Member |
| Harper, Kristen | 06/29/2016 | 11/24/2019 | Executive Director Association of Recovery Schools | Special Government Employee (SGE) Member |
| Howell, Jesse | 01/01/2018 | 12/31/2021 | Executive Director SoberHood.org | Special Government Employee (SGE) Member |
| Johnson, Andre | 12/01/2013 | 12/01/2017 | President/CEO, Detroit Recovery Project | Special Government Employee (SGE) Member |
| Johnson, Kimberly | 06/07/2016 | 02/11/2018 | Director, CSAT | Regular Government Employee (RGE) Member |
| LeGore, Sharon | 01/01/2018 | 12/31/2021 | Family Advocate | Special Government Employee (SGE) Member |
| Martin, Judith | 06/30/2016 | 11/24/2019 | Medical Director San Francisco Department of Public Health | Special Government Employee (SGE) Member |
| McCance-Katz, Elinore | 08/18/2017 | 08/17/2019 | Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration (SAMHSA) | Ex Officio Member |
| Medina, Lawrence | 06/30/2016 | 11/24/2019 | Executive Director ZIA Community Services, Inc. | Special Government Employee (SGE) Member |
| Ohuoha, Chideha | 06/30/2018 | 07/01/2020 | Director, CSAT | Regular Government Employee (RGE) Member |
| Petoskey, Eva | 01/01/2018 | 12/31/2021 | Director Anishnaabek Healing Circle Access to Recovery | Special Government Employee (SGE) Member |
| Power, Kathryn | 02/12/2018 | 06/29/2018 | Acting CSAT Director | Regular Government Employee (RGE) Member |
| Range, Terrance | 12/01/2013 | 12/31/2017 | Conduct Specialist, University of California - Berkley | Special Government Employee (SGE) Member |

Roy, Alphonse 08/03/2018 12/01/2021 Medical Director

Special Government
Employee (SGE)
Member

Schut, Arthur 12/01/2013 12/31/2017 Chief Executive Officer, Arapahoe House

Special Government
Employee (SGE)
Member

Stoller, Kenneth 08/17/2018 12/01/2021 Director John Hopkins Broadway Center for Addiction

Special Government
Employee (SGE)
Member

Number of Committee Members Listed: 21

Narrative Description

The SAMHSA/Center for Substance Abuse Treatment (CSAT) National Advisory Council's function is to advise, consult with, and make recommendations to, the Secretary, HHS; the Acting Deputy Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration (SAMHSA); and the CSAT Director, concerning matters relating to the activities carried out by and through the Center and the policies respecting such activities. SAMHSA is directed by Congress to target substance abuse and mental health services to the people most in need and to translate research in these areas more effectively and more rapidly into the general health care system. SAMHSA continues to demonstrate that - Behavioral Health is Essential to Health - Prevention Works - Treatment is Effective - People Recover. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the Nation's health.

What are the most significant program outcomes associated with this committee?

Checked if Applies

| | |
|---|-------------------------------------|
| Improvements to health or safety | <input checked="" type="checkbox"/> |
| Trust in government | <input checked="" type="checkbox"/> |
| Major policy changes | <input checked="" type="checkbox"/> |
| Advance in scientific research | <input type="checkbox"/> |
| Effective grant making | <input checked="" type="checkbox"/> |
| Improved service delivery | <input checked="" type="checkbox"/> |
| Increased customer satisfaction | <input checked="" type="checkbox"/> |
| Implementation of laws or regulatory requirements | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Outcome Comments

N/A

What are the cost savings associated with this committee?

Checked if Applies

| | |
|----------------------------|-------------------------------------|
| None | <input type="checkbox"/> |
| Unable to Determine | <input checked="" type="checkbox"/> |
| Under \$100,000 | <input type="checkbox"/> |
| \$100,000 - \$500,000 | <input type="checkbox"/> |
| \$500,001 - \$1,000,000 | <input type="checkbox"/> |
| \$1,000,001 - \$5,000,000 | <input type="checkbox"/> |
| \$5,000,001 - \$10,000,000 | <input type="checkbox"/> |
| Over \$10,000,000 | <input type="checkbox"/> |
| Cost Savings Other | <input type="checkbox"/> |

Cost Savings Comments

Council recommendations and suggestions may lead to savings over time. However, the savings may not be realized for years, and are difficult to determine.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

89

Number of Recommendations Comments

Between FY 1994 and FY 2018, the Council has had approximately 89 recommendations. For FY 2018, the Council met two times to discuss SAMHSA's strategic initiatives, SAMHSA's future direction, and the Council's role in advising SAMHSA on substance abuse treatment issues. Although there were no formal Council recommendations from FY 2018, members encouraged SAMHSA to continue educating medical providers, identifying and publicizing effective/innovative local practices, and using social media to educate the public, among others.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

74%

% of Recommendations Fully Implemented Comments

During the life of the Council, approximately 75% of its recommendations have been fully implemented.

What is the approximate Percentage of these recommendations that have been or

will be Partially implemented by the agency?

19%

% of Recommendations Partially Implemented Comments

During the life of the Council, approximately 20% of its recommendations have been partially implemented, due to restrictions imposed by legislative/fiscal/programmatic concerns and/or superceding SAMHSA priorities.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☒ No ☐ Not Applicable ☐

Agency Feedback Comments

Status reports on actions by SAMHSA on matters that have come before the Council are provided at Council meetings. After the CSAT Council passes a resolution and sends it to the Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration (SAMHSA), it is SAMHSA's policy to ensure that a response to the Council is provided within a reasonable time frame. SAMHSA also provides feedback to the members with the Assistant Secretary for Mental Health and Substance Use, Substance Abuse and Mental Health Services Administration (SAMHSA) periodically attending the NAC meetings and addressing the members, directly. Feedback is also provided in the Director's Report to the Council, and through presentations from staff within and outside SAMHSA. Minutes of the open session are prepared and circulated in draft to the members for clearance and approval at the next official meeting. To accomplish these goals, summaries of information may be mailed, e-mailed, or faxed to Council members. Communications from SAMHSA/CSAT staff to Council members include issue papers, fact sheets, press releases, reports and other documents. SAMHSA ensures that Council members have direct access to its senior management and technical experts.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

| | |
|-----------------------------------|-------------------------------------|
| Reorganized Priorities | <input checked="" type="checkbox"/> |
| Reallocated resources | <input checked="" type="checkbox"/> |
| Issued new regulation | <input type="checkbox"/> |
| Proposed legislation | <input type="checkbox"/> |
| Approved grants or other payments | <input checked="" type="checkbox"/> |
| Other | <input type="checkbox"/> |

Action Comments

N/A

Is the Committee engaged in the review of applications for grants?

Yes

What is the estimated Number of grants reviewed for approval 966

What is the estimated Number of grants recommended for approval 966

What is the estimated Dollar Value of grants recommended for approval \$1,188,921,874

Grant Review Comments

For each grant program, the council concurred with the Initial Review Group recommendation.

How is access provided to the information for the Committee's documentation?

Checked if Applies

| | |
|---------------------------|-------------------------------------|
| Contact DFO | <input checked="" type="checkbox"/> |
| Online Agency Web Site | <input checked="" type="checkbox"/> |
| Online Committee Web Site | <input checked="" type="checkbox"/> |
| Online GSA FACA Web Site | <input checked="" type="checkbox"/> |
| Publications | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Access Comments

N/A